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B5 (Official Form 5) (12/07)

| United States Bankruptcy Court For the District of Utah | | INVOLUNTARY PETITION | | |
|---|--|---|---|--|
| IN RE (Name of Debtor – If Individual: Last, First, MDENALI INDUSTRIES, LLC | iddle) | | ES used by debtor in the last 8 years iden, and trade names.) | |
| Last four digits of Social-Security or other Individual's (If more than one, state all.): | s Tax-I.D. No./Complete EII | N | | |
| STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 3651 NORTH 100 EAST SUITE 300 PROVO, UT 84604 | | Jared R. Registere | MAILING ADDRESS OF DEBTOR (If different from street address) Jared R. Jensen Registered Agent | |
| COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Utah ZIP CODE 84604 | | Pleasant | 1022 W. 2200 N. Pleasant Grove, UT 84062 ZIPCODE | |
| LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) | | | | |
| CHAPTER OF BANKRUPTCY CODE UNDER WHI | CH PETITION IS FILED | | | |
| INFOR | MATION REGARDING D | EBTOR (Check applicabl | e boxes) | |
| Nature of Debts (Check one box.) Petitioners believe: □ Debts are primarily consumer debts Ճ Debts are primarily business debts | Type of Debtor (Form of Organization) □ Individual (Includes Joint Debtor) M Corporation (Includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | Nature of Business (Check one box.) Health Care Business Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) Railroad Stockbroker Commodity Broker Clearing Bank Other | |
| VENUE | | FILING FEE (Check one box) | | |
| place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. [If A bankruptcy case concerning debtor's affiliate, general peti | | specified in § 304(g) of [If a child support credito] | Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. If a child support creditor or its representative is a petitioner, and if the etitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of | |
| PENDING BANKRU OR AFFILIATE OF THIS DEB | | OR AGAINST ANY PART or any additional cases on at | · | |
| Name of Debtor | Case Number | | Date | |
| Relationship | District | | Judge | |
| ALLEGATIONS (Check applicable boxes) 1. | | COURT USE ONLY | | |

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| | | | |

Case No.____

| | TRANSFER Of the has been a transfer of any claim against the and any statements that are required under I | e debtor by or to any petitioner. | Attach all documents that | |
|--|--|---|---|--|
| Petitioner(s) request that an | REQUEST FOR a order for relief be entered against the debtor under a foreign representative appointed in a foreign part of the control of the | R RELIEF der the chapter of title 11, United St | | |
| | penalty of perjury that the foregoing is true and st of their knowledge, information, and belief. | | | |
| $_{ m X}$ /s/ Steven G. Ch | | x /s/ Scott D. Pr | eston 9/28/11 | |
| Signature of Petitioner or R Steven G. Chris | | Signature of Attorney Fillmore Spencer | Date | |
| Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity | Date Signed C/O Argent Corporation 425 East Silverado Ranch Blvd Suite 360 Las Vegas, NV 89183 | Name of Attorney Firm (If any) 3301 N. University Ave. Address Provo, UT 84604 Telephone No. 801-426-8200 | | |
| X /s/ Brent Elegar Signature of Petitioner or R Brent Elegante | | x /s/ Scott D. Pro Signature of Attorney Fillmore Spences | Date | |
| Name of Petitioner | Date Signed | Name of Attorney Firm (If any) | | |
| rume of 1 chilonol | C/O Argent Corporation | 3301 N. Univers | ity Ave. | |
| Name & Mailing | 425 East Silverado Ranch Blvd | Address | | |
| Address of Individual Signing in Representative | Suite 360 | Provo, UT 84604 Telephone No. 801-426-8200 | | |
| Capacity | Las Vegas, NV 89183 | | | |
| x /s/ John Evans | | x/s/ Scott D. Pre | eston 9/28/11 | |
| Signature of Petitioner or R | Representative (State title) | Signature of Attorney Date | | |
| John Evans Name of Petitioner | Date Signed | Name of Attorney Firm (If any) | | |
| Name of Fentione. | C/O Argent Corporation | Name of Attorney Firm (If any) 3301 N. University Ave. | | |
| Name & Mailing | 425 East Silverado Ranch Blvd | Provo, UT 84604 | | |
| Address of Individual Signing in Representative | Suite 360 | | | |
| Capacity | Las Vegas <u>, NV 89183</u> | Telephone No. 801-426-8200 | | |
| | PETITIONING (| CREDITORS | | |
| Name and Address of Petiti | oner | Nature of Claim | Amount of Claim | |
| Steven G. Christer | nsen | Unpaid wages | \$6,512.02 | |
| Name and Address of Petiti | ioner | Nature of Claim | Amount of Claim | |
| Brent Elegante | · · | Unpaid wages | \$20,799.00 | |
| Name and Address of Petiti | ioner | Nature of Claim | Amount of Claim | |
| John Evans | | Unpaid wages | \$89,409.80 | |
| penalty of perju | e than three petitioners, attach additional sheets w ry, each petitioner's signature under the statement creditor information in the format above. | | Total Amount of Petitioners' Claims See next page | |

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| Case No. | <u> </u> | | |
|----------|----------|------|--|

| TRANSF ☐ Check this box if there has been a transfer of any claim again evidence the transfer and any statements that are required un | | ner. Attach all documents that |
|---|--|--|
| REQUES ? Petitioner(s) request that an order for relief be entered against the debte petition. If any petitioner is a foreign representative appointed in a for recognition is attached. | | |
| Petitioner(s) declare under penalty of perjury that the foregoing is true correct according to the best of their knowledge, information, and believe the property of their knowledge, information, and believe their knowledge, information, and information their knowledge, information, and information their knowledge, information their | x /s/ Scott D. Signature of Attorney Fillmore Spence Name of Attorney Firm (If an 3301 N. Univer | er LLC ey) sity Ave. |
| x_ Signature of Petitioner or Representative (State title) | x Signature of Attorney | Date |
| Name of Petitioner Date Signed | Name of Attorney Firm (If an | ny) |
| Name & Mailing | Address | ······································ |
| Address of Individual Signing in Representative Capacity | Telephone No. | |
| X | x | |
| Signature of Petitioner or Representative (State title) | Signature of Attorney | Date |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | |
| Name & Mailing Address of Individual | Address | |
| Signing in Representative Capacity | Telephone No. | |
| PETITIONI | NG CREDITORS | |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Josh Evans | Unpaid wages | \$10,000.00 |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Note: If there are more than three petitioners, attach additional she penalty of perjury, each petitioner's signature under the stat and petitioning creditor information in the format above. | eets with the statement under tement and the name of attorney | Total Amount of Petitioners' Claims \$126,720.82 |